

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/02/85

FILING DATE

APPLICANT(S)

11-12-89

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				(1)		
3				(1)		
4				(1)		
5				(1)		
6				(1)		
7				(1)		
8				(1)		
9				(1)		
10				(1)		
11				(1)		
12				(1)		
13				(1)		
14			1			
15				1		
16				1		
17				1		
18				1		
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23			1			
24						
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28				1		
29				1		
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31				1		
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47						
48						
49						
50						
TOTAL IND.			5			
TOTAL DEP.				20		
TOTAL CLAIMS				25		

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						